


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90025 030 \*\*\*\*61.25

**DOCUMENT # N04000010401**

1. Entity Name  
**VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.**



Principal Place of Business  
 899 WOODBRIDGE DR  
 VENICE, FL 34293

Mailing Address  
 899 WOODBRIDGE DR  
 VENICE, FL 34293

40040030



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02062008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**54-2164628**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOUGLAS, JESSICA**  
 C/O ADVANCED MANAGEMENT  
 899 WOODBRIDGE DR  
 VENICE, FL 34293

**7. Name and Address of New Registered Agent**

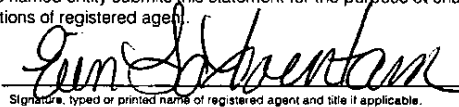
Name **ERIN LA FOUNTAIN**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O ADVANCED MANAGEMENT**

**899 WOODBRIDGE DR**

City **VENICE** FL Zip Code **34293**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRSCHNER, TERRY 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEGRA, ROBERT T 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOKES, KENNETH 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE DOORES 551 N. Cattlemen Rd Suite 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOB HEIDORN 551 N Cattlemen Rd Ste 202 Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURY BILL WHIFFEN 551 N. Cattlemen Rd Ste 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:  **Erin LaFountain** 2/14/08 403-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #